

New ODE Guidelines require notarized documentation or copies of court orders (guardianship) to be kept in student records. Please determine which category you fall under, if any, and read the requirements.

Biological, Adoptive, Foster Parent or Legal guardian:

If you would like to appoint another guardian (in addition to yourself) please come into the office to complete the required documents and get them notarized free of charge. The following must have notarized documentation to be listed in Synergy as a parent/guardian:

- Step parents
- Boyfriend, Girlfriends, Fiancé
- Grandparents
- Friends
- Aunts, Uncles, Cousins

Foster parents, Court appointed guardians, Individual acting as a parent in place of biological or adoptive parent with whom the child lives, or Surrogate parent appointed by a school district or juvenile court:

If you fall into this category you must do the following three things:

- Present yourself to the Principal of the school (Brandy Osborn) or the Director of Student Services (Rick Burton) and announce your intent to direct the provision of educational services for the student.
- Provide the Principal or Director with written proof of your appointment or authority to act and allow that proof to be copied.
- Provide the Principal or Director with picture I.D. and allow that I.D. to be copied.

Phoenix Front Office Summer Hours 541-673-3036

July and August, Monday through Thursday, 7:30am – 4:00pm (closed July 3rd, 4th, and 5th for the holiday)



Phoenix Charter School

3131 NE Diamond Lake Blvd, Roseburg, OR 97470 / phone: 541-673-3036 / web: www.roseburgphoenix.com

STUDENT REGISTRATION FORM

Student Information

Student Legal Name (Last, First, Middle) _____ Grade _____

Birth Date: _____ Birthplace: (city, state, country) _____

Gender: Female Male X Non-binary, gender fluid Preferred Name: _____

Student Email Address: _____ Student Phone: _____

Student Race: American Indian/Alaska Native Student Ethnicity: Hispanic
 Asian Non-Hispanic
 Black/African American
 Native Hawaiian/Pacific Islander
 White

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Family Phone: _____ Message Phone: _____

Previous School Information

Most recent school attended: _____ City/State: _____ Dates Attended: _____

Previous school attended: _____ City/State: _____ Dates Attended: _____

Has the student ever been expelled or suspended from a previous school? No Yes

If yes, please list school and date: _____

Student Siblings

Name: _____ Relation: _____ Grade: _____ School: _____

Name: _____ Relation: _____ Grade: _____ School: _____

Name: _____ Relation: _____ Grade: _____ School: _____

Student Programs

Does your student have a current 504 accommodation plan? Yes No

Does your student have a current IEP (individualized education plan)? Yes No

Is your student in a Talented and Gifted (TAG) Program? Yes No

Is your student currently pregnant or parenting? Yes No

Parent/Guardian Information

The following people can be listed as Parent/Guardians: Biological Mother/Father, Case Worker, Foster Parent, Self (if over 18) or State Guardian. If you are a legal guardian other than a type listed above please provide documentation of your guardianship. If you are a step-parent, a signed and notarized consent form (by the legal guardian) is required to be listed as a parent/guardian. Other relatives, grandparents, significant others, and friends should be listed as Emergency contacts.

Parent/Guardian #1

Legal Name (Last, First, MI) _____ Relation to Student: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Job Title: _____ Work Phone: _____

Primary Phone: _____ Email: _____

Please check the following if they apply to parent/guardian #1:

Contact allowed	Education rights	Enrolling Parent	Financial Responsibility	Has Custody
Lives with	Release to	Mailings Allowed	Willing to Volunteer	Active Military

Parent/Guardian #2

Legal Name (Last, First, MI) _____ Relation to Student: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Job Title: _____ Work Phone: _____

Primary Phone: _____ Email: _____

Please check the following if they apply to parent/guardian #1:

Contact allowed	Education rights	Enrolling Parent	Financial Responsibility	Has Custody
Lives with	Release to	Mailings Allowed	Willing to Volunteer	Active Military

Emergency Contacts

By listing individuals in this emergency contact section you are authorizing these individuals to pick up your child at school if you cannot be reached.

Contact #1 Legal Name (Last, First) _____

Relation: _____ Phone: _____

Contact #2 Legal Name (Last, First) _____

Relation: _____ Phone: _____

Contact #3 Legal Name (Last, First) _____

Relation: _____ Phone: _____

Student Medical Information

Primary Physician: _____ Phone: _____ Hospital: _____

Primary Dentist: _____ Phone: _____

Insurance: Yes No Insurance Company: _____ ID #: _____

Current Medical Conditions: _____

Allergies: _____ Life-threatening? No Yes If yes, explain: _____

Other Health Needs at School: _____

****In the case of medications to be taken at school, please see the front office for a medication release form.****

Federal Programs

For any questions associated with the Federal Programs listed below please contact Juliana Marez the McKinney Vento Program, American Indian Education, and Child Welfare Point of Contact for Roseburg Public Schools at 541-440-8275.

Title VII-A Program, Indian Education – This information establishes the districts eligibility for a federal grant under the Title VII-A of the No Child Left Behind Act. You may receive more information if you mark “Yes”.

YES, the student, the student’s parent, or the student’s grandparent is a member of a U.S. Federally recognized American Indian Tribe. If yes, please fill in the tribe name: _____

Oregon Title I-C Migrant Education Program – This program helps children and young adults ages 3-21 who move frequently (on their own or with their parents) in order to seek or obtain temporary or seasonal work in agriculture, forestry, and/or fishing activities.

YES, the student or family member has worked in, or has planned to work in the agriculture, forestry, and/or fishing industry. This can include work on farms, ranches, canneries, nurseries, trees or fishing.

Title X-McKinney-Vento Program – This program guarantees that students, no matter their living situation, have access to public education, including transportation to and from school. If any of the following are checked a school district representative may be in touch.

Please mark the box below if any of these situations apply:

You are staying in a motel, car, or campsite until you can find affordable housing.

You are sharing housing with another family due to economic hardship.

Your child is living with a relative/friend/or anyone other than their custodial parents.

You are living in a shelter, temporary housing or moving from place to place without permanent housing.

You are experiencing housing difficulties related to finances and would like more information about services.

Language Information:

What language(s) does your child **hear or use** regularly in your household (i.e. spoken, media, music, literature, etc.)?

Hear: _____ Use: (i.e. American Sign Language, etc.): _____

Check the box that describes your child's understanding of language:

NO English

Mostly another language and a little English

English and another language equally

Mostly English and a little of another language

ONLY English

Tribal/Heritage/Native Language (i.e. languages spoken by American Indian/Alaskan, Native Hawaiians, or US Territories)

What language(s) do **adults** most frequently use when speaking/conversing to your child? _____

What language(s) does your child **CURRENTLY speak/express** most frequently **outside of school**? _____

Does your child participate in cultural activities that are in a language other than English, two or more times a month? Yes No

Is there anything else you would like the school to know about your child's language use? (i.e. what language did your child speak/express from ages 0-4; did your child have speech classes; did your child attend a bilingual school, etc.)?

Is the student in, or has the student been in, an English as a Second Language Program? Yes No

If yes, what was the student's first day in a US School? _____

Does your family need an interpreter for school meetings? Yes No

Signatures

By signing this form, I agree that all the information is true. If it is determined that the address I have provided is false I acknowledge that my student could be removed from the school. This registration form is a required official record. If any information should change during the school year I will notify the school immediately.

Signature of Parent/Guardian: _____ Relation: _____ Date: _____

Signature of Parent/Guardian: _____ Relation: _____ Date: _____



Phoenix Charter School

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STUDENT NUTRITION PROGRAM INFORMATION

Children need healthy meals to learn and grow. Phoenix offers healthy meals to all students every school day, free of charge. To keep Phoenix's meal program free, please fill out the following form. This form allows Phoenix to be compensated for the free meals provided and to continuously improve the school nutrition program.

Please fill out this form, even if you are unsure you will qualify for free or reduced status. If any household member receives SNAP/TANF/FDPIR please make sure you provide the person's name and case number.

THIS WILL NOT AFFECT YOUR CURRENT BENEFITS. This confidential form is kept in a secure file at Phoenix and the form is not share with the State of Oregon. This information may be used to identify eligible children and seek to enroll them in Medicaid or Oregon CHIP. If you wish to opt out, please sign in box #7 on the form.

Phoenix also offers additional assistance to families that need it. Phoenix has a "Stache" program that can provide some food, clothing, and hygiene products to those in need. There are also laundry facilities and a shower on the Phoenix campus to assist with any needs that students may have.

If you have any questions or need help, call the front office at (541) 673-3036 or the Business Manager directly at (541) 440-1114.

FREQUENTLY ASKED QUESTIONS

1. **What are the benefits of filling out a “Confidential Family Application for Free & Reduced Meals” form?** If your child(ren) does qualify for free or reduced status, there may be other benefits that extend beyond keeping the Phoenix meal program free. This can include reduced tuition at UCC for driver’s education courses and assistance through other community programs.
2. **Do I need to fill out an application for each child?** No. Use one “Confidential Family Application for Free & Reduced Meals” for all students in your household. We cannot approve an application that is not complete, so please be sure to fill out all required information. **Return the completed application to: Phoenix School, 3131 NE Diamond Lake Blvd., Roseburg, OR 97470, (541) 673-3036.**
3. **Who is eligible for free meals?** All students at Phoenix receive free meals however, for the school nutrition program to remain free the “Confidential Family Application for Free & Reduced Meals” must be completed by each household with students enrolled at Phoenix. Children in households receiving Supplemental Nutrition Assistant Program (SNAP) benefits, TANF or FDPIR can claim free status regardless of income. Also, children can claim free status if the household income is within the free limits on the Federal Income Guidelines Chart.
4. **Can foster children claim free status?** Yes, foster children that are under the legal responsibility of a foster care agency or court can claim free status. Any foster child in the household can claim free status regardless of income.
5. **Who can claim reduced-price status?** Your child(ren) can claim reduced-price status if your household income is within the reduced-price limits on the Federal Income Guidelines Chart.
6. **I get WIC. Can my child(ren) claim free status?** This can only be determined by completing and submitting the enclosed application for meal benefits. Please fill out an application.
7. **Will the information I give be checked?** Yes, we may also ask you to send written proof of the household income you report if your income is close to a threshold.
8. **If I do not qualify now, may I apply later?** Yes. You may apply at any time during the school year, especially if your income changes.
9. **May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced-price status. Information provided by the household will not be used for immigration-related purposes.
10. **Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you. Foster children may be included as household members. If you live with other people who are economically independent (for example, people you do not support, who do not share income with you or your children and who pay a pro-rated share of expenses), do not include them.
11. **What if my income is not always the same?** List the amount that you normally receive. For example, if you normally receive \$1,000 each month, but you missed some work last month and only received \$900, put down that you receive \$1,000 per month. If you normally work overtime, include it, but not if it is only sometimes.
12. **We are in the military; do we include our housing allowance?** If you receive an off-base housing allowance, it must be counted as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
13. **My spouse is deployed to a combat zone. Is combat pay counted as income?** Combat pay is excluded if it is received in addition to the service member’s basic pay; because of the deployment; **and** not received before being deployed.
14. **My family needs more help. Are there other programs we can apply for?** To find out how to apply for Oregon SNAP or other assistance benefits, contact your local assistance office or call 2-1-1 or 1-800-SAFENET (723-3638). For food assistance call 1-866-3-HUNGRY (1 (866) 348-6479). In the summer time, text “FOOD” to 877-877 or visit www.summerfoodoregon.org for free summer meal options in your area.

Phoenix School

Return to: 3131 NE Diamond Lake Blvd, Roseburg, OR 97470

NOTICE:

- If you received an ELIGIBILITY NOTIFICATION – FREE MEALS from the school district **do not** complete this application.
- See **Application Instructions** on back of form.
- * = Required for all applications; ** = Required for Income applications; *** = Required for SNAP/TANF

1 HOUSEHOLD INFORMATION* : Print name of person completing this application (Last name, First name)		Home Phone or Cell Phone or Work (Circle One)
Name <u>Print</u>	Email address	
Mailing Address – Apt #	➔ Number living in this household _____ (Write names of all household members on part 2 and/or part 4 of this form)	
City State Zip		

2 STUDENT INFORMATION*				
Child's Name (Legal Last name, First name)	School	Grade (optional)	Birth Date (optional)	Check if Foster Child
1. _____	_____	_____	_____	<input type="checkbox"/>
2. _____	_____	_____	_____	<input type="checkbox"/>
3. _____	_____	_____	_____	<input type="checkbox"/>
4. _____	_____	_____	_____	<input type="checkbox"/>
5. _____	_____	_____	_____	<input type="checkbox"/>

3 BENEFITS If any member of your household receives SNAP or TANF, provide the name and case number of the member receiving benefits	
Name***	<input type="checkbox"/> SNAP Case Number*** <input type="checkbox"/> TANF
Go to Part 5 below	

Does this household receive FDPIR (Food Distribution on Indian Reservations) ☐ Yes (Go Part 5 and complete)

4 HOUSEHOLD MEMBERS & GROSS MONTHLY INCOME ** – if not monthly, see back for conversions					
Column 1 List all household members, including children not attending school, and income. Do not include students listed in part 2, unless they receive regular income. (Last name, first name)	Column 2 MONTHLY INCOME (Total earnings & wages before deductions)	Column 3 MONTHLY CHILD SUPPORT, WELFARE, ALIMONY RECEIVED	Column 4 MONTHLY PENSIONS, SOCIAL SECURITY, RETIREMENT	Column 5 OTHER MONTHLY INCOME -Including unemployment and workers comp.	Column 6 Check if No Income
1. _____	_____	_____	_____	_____	<input type="checkbox"/>
2. _____	_____	_____	_____	_____	<input type="checkbox"/>
3. _____	_____	_____	_____	_____	<input type="checkbox"/>
4. _____	_____	_____	_____	_____	<input type="checkbox"/>

5 SIGNATURE, DATE and Last four numbers of SOCIAL SECURITY NUMBER (Adult must sign)			
I certify (promise) that all of the information on this application is true (correct) and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I give purposely false information, my children may lose meal benefits and I may be prosecuted.			
Signature of Adult Household Member*	Date Signed*	Social Security Number** (See privacy statement on back)	<input type="checkbox"/> I do not have a Social Security Number.**
X _____	Month/day/year	XXX-XX - ____ - ____	

6 RACIAL OR ETHNIC GROUP (OPTIONAL)	
Mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Mark one or more racial identities: <input type="checkbox"/> Asian <input type="checkbox"/> American Indian & Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Other
I prefer all written correspondence in <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Other _____	

7 I do not want my information shared with State children's health insurance programs. Sign here: _____	
I have a child (or children) who does not have any kind of health coverage – neither private health insurance nor Oregon Health Plan/Healthy Kids. I am interested in free or reduced cost health coverage for at least one of my children. <input type="checkbox"/> Yes <input type="checkbox"/> No	

SCHOOL USE ONLY - DO NOT WRITE BELOW THIS LINE

Total Income: _____	Number in household: _____	Date Withdrawn: _____
<input type="checkbox"/> Free based on: <input type="checkbox"/> SNAP/TANF/FDPIR <input type="checkbox"/> Foster child categorical <input type="checkbox"/> household income	<input type="checkbox"/> Reduced based on: <input type="checkbox"/> household income	<input type="checkbox"/> Denied – Reason: <input type="checkbox"/> income too high <input type="checkbox"/> incomplete application
Determining Official's Signature : _____ Date _____		

Application Instructions

- If your household receives **SNAP, TANF or FDPIR**, complete parts 1, 2, 3 and 5; parts 6 and 7 are optional.
 - If you do not receive these benefits and your **income** is below the guidelines, complete parts 1, 2, 4, 5; parts 6 and 7 are optional.
 - If you are a household with a **FOSTER CHILD**, complete parts 1, 2, 4, and 5; parts 6 and 7 are optional.
- Any income fields left blank will be counted as zeros. Please be careful that you meant to leave income fields blank.*

DETERMINING MONTHLY INCOME FOR EARNINGS & WAGES

Monthly income for all household members must be reported in Part 4 of this application. Income means any money regularly received from work, child support, alimony, pensions, retirements, social security or any other source. Exclude student/school loans. Household members who are not paid monthly should change earnings into monthly income by doing the following:

Household members who are paid every week: Multiply total earnings and wages for one pay period, before deductions, by 52. Then divide by 12. The resulting amount is the total monthly income.

Household members who are paid every 2 weeks: Multiply total earnings and wages for one pay period, before deductions, by 26. Then divide by 12. The resulting amount is the total monthly income.

Household members who are paid twice a month: Multiply total earnings and wages for one pay period, before deductions, by 24 then divide by 12. The resulting amount is the total monthly income.

Household members who are seasonal workers or work less than 12 months: Project annual rate of income to accurately represent actual circumstances then divide by 12. The resulting amount is the projected monthly income.

Note: Money received from a business or farm owned by you should be reported as "net income." *Net Income is defined as the total income left after business and farm operating expenses are subtracted from gross receipts.*

FEDERAL INCOME GUIDELINES

Your children may qualify at least for reduced price meals if your household income is at or below the limits of this chart.

Reduced Price Meals

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
-1-	22,459	1,872	936	864	432
-2-	30,451	2,538	1,269	1,172	586
-3-	38,443	3,204	1,602	1,479	740
-4-	46,435	3,870	1,935	1,786	893
-5-	54,427	4,536	2,268	2,094	1,047
-6-	62,419	5,202	2,601	2,401	1,201
-7-	70,411	5,868	2,934	2,709	1,355
-8-	78,403	6,534	3,267	3,016	1,508
For each additional family member add	7,992	666	333	308	154

PRIVACY STATEMENT - SOCIAL SECURITY NUMBERS and OTHER INFORMATION

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information but if you do not, we cannot approve your child for free or reduced price meals. You must include the last 4 digits of the social security number of the adult household member who signs the application. The last 4 digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals and for administration and enforcement of the lunch and breakfast programs. We **may** share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules. We may share the information on this form with Medicaid or the State Children's Health Insurance Program (SCHIP), unless you tell us not to. The information, if disclosed, will only be used to identify eligible children and seek to enroll them in Medicaid or SCHIP.

NON-DISCRIMINATION STATEMENT

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov

This institution is an equal opportunity provider.



Roseburg Public Schools
1419 N.W. Valley View Drive
Roseburg, OR 97471

Date: _____

School: _____

HOME LANGUAGE SURVEY

DEAR PARENT:

Schools are required to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students.

Your cooperation in helping us meet this important requirement is requested. Please answer the following questions and have your son/daughter return this form to his/her teacher. Thank you for your help.

Name of Student: _____
Last First Middle

Grade: _____ Age: _____

1. Which language did your son or daughter learn when he or she first begin to talk? _____
2. What language does your son or daughter most frequently use at home? _____
3. What language do you use most frequently to speak to your son or daughter? _____
4. Name the language most often spoken by the adults at home. _____

Signature of parent/guardian

PLEASE RETURN THIS FORM TO YOUR CHILD'S SCHOOL. THANK YOU.



Roseburg Public Schools

1419 N.W. Valley View Drive

Roseburg, OR 97471

Fecha: _____

Escuela: _____

ENCUENTRO DEL IDIOMA DEL HOGAR

ESTIMADO PADRE:

Las escuelas requieren determinar el idioma que se habla en el hogar de cada estudiante. Esta información es esencial para que las escuelas puedan proporcionar instrucción significativa a todos los estudiantes.

Les pedimos su cooperación en ayudarnos a cumplir este requisito importante. Por favor conteste las siguientes preguntas y haga que su hijo o hija devuelva esta forma a su maestro. Gracias por su ayuda.

Nombre del alumno: _____
Apellido Primero Segundo

Grado: _____ Edad: _____

1. Cuando su hijo(a) empezó a hablar,
¿Cual idioma aprendió primero? _____
2. ¿Cuál idioma usa principalmente su
hijo(a) cuando conversa en la clase? _____
3. ¿Cuál idioma usa Ud. con más frecuencia
cuando habla con su hijo(a)? _____
4. ¿Cuál idioma hablan los adultos con
más frecuencia en la casa? _____

Firma del padre o tutor

FAVOR DE DEVOLVER PRONTO A LA ESCUELA DE SU HIJO O HIJA. GRACIAS.



Phoenix Charter School

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CONSENT/PERMISSION FORM

Student Name: _____ Grade: _____ Date: _____

Photo Release

I/we give my permission for Phoenix School to use any photos, video footage, or voice recordings of the above named student. Use may include but is not limited to project record keeping, promotion of Phoenix School and its programs, or for other agencies involved in a project at Phoenix School. I/we release and authorize my photos, video footage and/or voice recordings to be used by the media, including but not limited to: local newspapers, Facebook, Instagram, Twitter, Snap Chat, and YouTube. Photographs are commonly used in yearbooks, newsletters, and websites.

I/we hereby waive any claim to royalties or other payments in connection with broadcast or other use of such material. I/we hereby release Phoenix School, the media (including but not limited to, newspapers, television, and radio stations), their agents and all those acting under their authority, from any liability by virtue of any violation of any personal property rights which I/we may have in connection with the broadcast or other use of said material.

Permission to Participate in Activities

I/we give permission for the above named student to participate in all Phoenix School activities. I understand that said student's participation will sometimes require him/her to leave campus to participate in classroom activities. I fully support my son/daughter's participation in Phoenix School activities and grant permission for him/her to leave Phoenix School campus to participate in educational activities during the school year. I understand that I will receive written notification of any field trips that will take my son/daughter away from the school for periods longer than a day. I understand that in order for my child to participate in any overnight or out of county activities, I will need to sign and return an activity specific permission form.

Military Recruitment

The *No Child Left Behind Act of 2001* requires school districts to provide, upon request, the names, addresses and phone numbers of high school juniors and seniors to military recruiters, colleges, and universities. To "Opt Out" you must check one or both of the categories below.

I do not want my child's name, address, and phone number released to:

Military recruiters College Recruiters

Student Policy Handbook

The Phoenix Student Policy Handbook is available for review in the Front Office. The Student Policy Handbook will be updated this summer and all Phoenix students will review the new material with their Pathways teacher the 1st week of school.

Signatures

By signing this form, I agree that all the information is true. This consent form is a required, official record. If any information should change during the school year I will notify the school immediately.

Signature of Parent/Guardian: _____ Relation: _____ Date: _____

Signature of Parent/Guardian: _____ Relation: _____ Date: _____



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DRUG SCREENING POLICY MEMORANDUM OF UNDERSTANDING

As a Phoenix student, I understand that there is a mandatory drug screening policy and I should be prepared to participate in a non-observed, urine analysis (UA) to test for illicit substances. I understand these screenings are performed with no cost to the students when conducted at the school. Also, I understand that if I test positive, I have certain requirements that I must complete to remain a student at Phoenix Charter School. I understand that at Phoenix Charter School, they believe being drug free helps students become more employable, a better student, and creates long lasting skills which will help as students enter into their pathways and careers for a more productive life.

At Phoenix Charter School, we feel a good open relationship with parents/guardians is positive for students. We will share such information with parents/guardians if a student tests positive. We believe working with the student, parent/guardian, and school will help the student become more successful. For those students who are 18 and live at home, we will be sharing information with parents/guardian if they are included in the student's Synergy profile.

I understand:

- That once I've tested positive, I must bring my UA level to zero.
- That once I'm positive, I will be given weekly UA's to help me see that my UA level is going down.
- That my weekly UA level should be going down each consecutive week until my 30 days are done and I reach zero.
- That if my level isn't going down, this is a good indicator that my usage hasn't stopped.
- That when my UA level is clean, I will be given a random UA once a month for two months.
- That if I'm continuing to use during my first 30 days, I can be referred for an Alcohol and Drug Evaluation.
- That if I've demonstrated that I've completed this process, I could be given random UA's throughout the year.
- If my family or I do not wish to participate in an on-site UA conducted by Phoenix staff, it is our responsibility to have one conducted at an accredited medical facility in a timely manner and share the results. The responsibility for the costs of this procedure reside with my family.
- That if I am not able to meet these requirements, Phoenix Charter School will recommend me for an Alcohol and Drug Evaluation.
- That once the evaluation recommendations come back, I will need to follow those recommendations or I can be referred back to my home school district.

By signing I confirm that I have read and understand the Phoenix Charter School Drug Screening Policy.

Printed Student Name: _____

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Other _____ Date _____



FIRST STUDENT BUSSING

Phoenix students have the benefit of riding First Student Busses including extended routes to Oakland, Sutherlin, Glide, and Winston as well as locations in Myrtle Creek, Tri City and Canyonville (please see the Front Office or school website for bus routes and schedules). We are thankful for this bus service which allows students who prefer “The Phoenix Experience” even though they reside out of the Roseburg area. We see First Student Bussing as a community partner. Students can share their support by following their rules. You can find this list on every bus, located at the front bulk head, on an orange decal.

1. Pupils being transported are under authority of the bus driver.
2. Fighting, wrestling, or boisterous activity is prohibited on the bus.
3. Pupils shall use the emergency exit only in case of emergency.
4. Pupils shall be on time for the bus both morning and evening.
5. Pupils shall not bring firearms, weapons, or other potentially hazardous material on the bus.
6. Pupils shall not bring animals, except approved assistance guide animals on the bus.
7. Pupils shall remain seated while bus is in motion.
8. Pupils may be assigned seats by the bus driver.
9. When necessary to cross the road, pupils shall cross in front of the bus or as instructed by the bus driver.
10. Pupils shall not extend their hands, arms, or body parts through bus windows.
11. Pupils shall have written permission to leave the bus other than at home or school.
12. Pupils shall converse in normal tones; loud or vulgar language is prohibited.
13. Pupils shall not open or close windows without permission of driver.
14. Pupils shall keep the bus clean, and must refrain from damaging it.
15. Pupils shall be courteous to the driver, to fellow pupils, and passersby.
16. Pupils who refuse to obey promptly the directions of the driver or refuse to obey regulations may forfeit their privilege to ride buses.
17. Rules Governing Pupils Riding School Buses and School Activity Vehicles must be kept posted in a conspicuous place in all school buses, type 20, and type 21 activity vehicles.

continued on next page...



RIDING THE BUS—RULES TO FOLLOW

When Waiting for the Bus:

- Be visible.
- Stay in designated “safe” areas.
- Be respectful of others’ property.
- Use quiet voices.
- Wait patiently.
- Be on time (five minutes before the bus arrives).
- Wait for driver’s signal to cross in front of the bus.
- Form and stand in line to load bus.
- Keep pets and inappropriate items at home (toys, glass containers, etc.).

When Riding the Bus:

- Follow bus rules.
- Find your seat quickly.
- Sit correctly.
- Share the seat with others.
- Keep hands, feet, and objects to yourself.
- Keep hands, feet, and objects inside the bus.
- Keep aisles clear.
- Be quiet at railroad crossings.
- Use kind words and actions.
- Use quiet voices.
- Follow bus driver expectations and directions.
- Ask permission to open windows half way.
- Ask permissions to change seats.
- Food, including snacks, are not to be eaten on the bus, please keep them in your backpack.
- Keep all belongings and personal items to yourself.
- Clean up after yourself if you make a mess.
- Watch for your stop.

When Unloading from the Bus:

- Watch for your stop.
- Respond to driver instructions.
- Follow dismissal procedures—wait for the brake to be set before standing.
- Emergency exits are only used in emergencies.
- Cross in front of the bus only if the driver directs you to.
- Have note from the front office for any busing changes.
- Take personal items with you.
- Close your window when leaving.

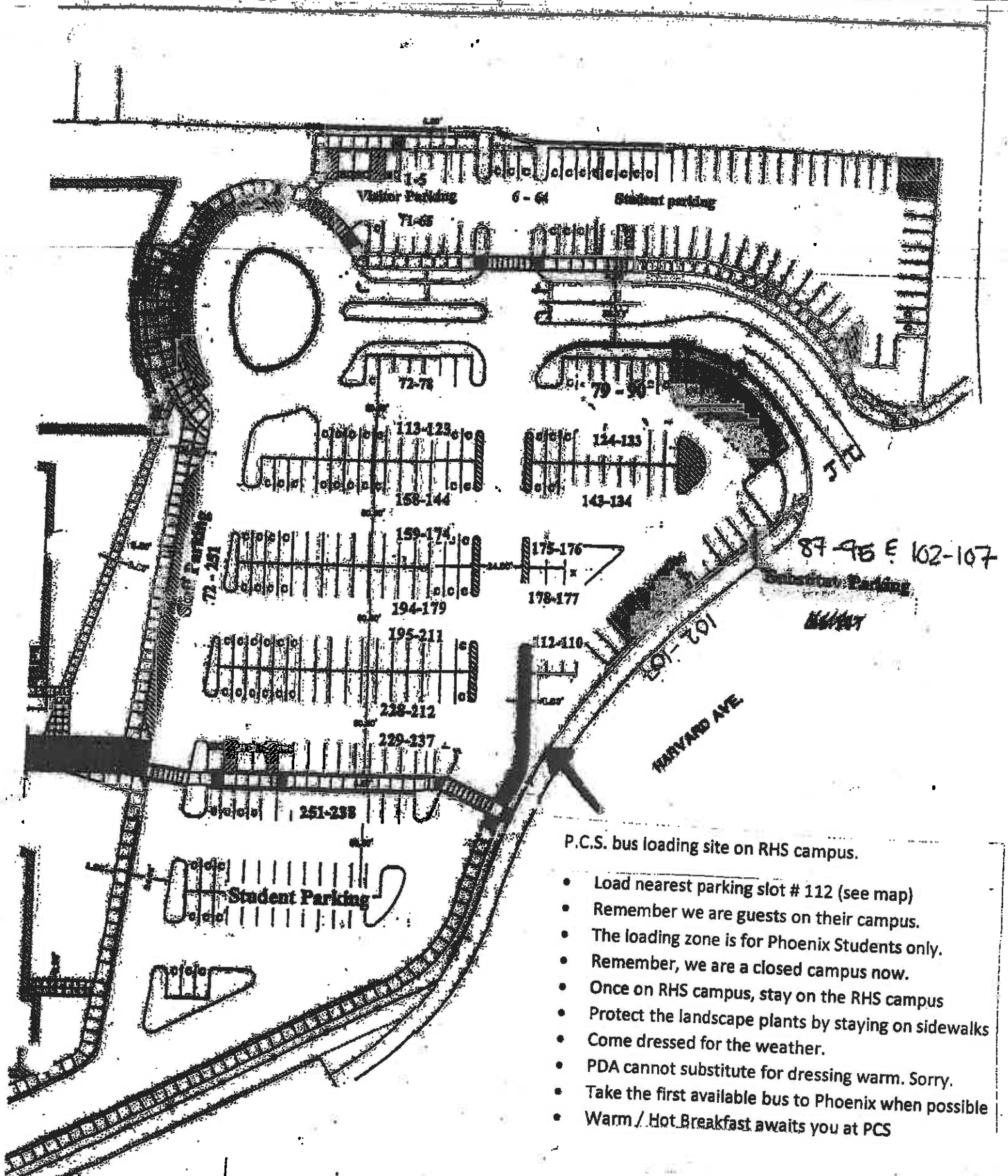
Student Printed Name: _____

By signing this form I agree to abide by & follow all conditions listed on all three pages of the Phoenix Bus Procedure.

Student Signature: _____ Date: _____

Phoenix Bus Procedure

Roseburg High School



Permission Form

Student Name _____ Birthdate _____ Grade Level _____

ASPIRE is a volunteer mentoring program that assists secondary (middle school and high school) students in the process of accessing training and education beyond high school. Working one-on-one or in groups, trained ASPIRE volunteer mentors help students with career and school research, applications and admissions processes, and provide information on financial aid. ASPIRE volunteer mentors must pass a criminal records check before meeting with students. Meetings take place at school, with staff present, throughout the school year. Participation does not guarantee that students will receive scholarships.

Each year students are asked to complete a confidential online survey about their experience and future plans. For students under the age of 18, participation in ASPIRE and the survey require a parent or guardian signature below.

Participation in all ASPIRE programs and the program evaluation is voluntary and confidential. You are free to withdraw your consent and discontinue participation at any time.

I give permission for my student to participate in the ASPIRE program and survey.

Parent/Guardian Name _____ date _____
(printed) (signature)**Student Contact Information**

(Please Print)

Home Phone _____ Cell Phone _____

Email _____

How do you prefer to be contacted or receive messages? (check one)

☐ home phone ☐ cell phone ☐ email